

# Sexual Behavior

*Health Objectives for the Year 2010: Build a community in which healthy sexual relationships, free of infection as well as coercion and unintended pregnancy, are the norm.*

## Health Implications

### Sexual Behavior

High-risk sexual behavior can have many consequences, some of which include unintended pregnancy and sexually transmitted diseases. Factors influencing high-risk sexual behavior include lack of knowledge, early participation in sexual intercourse, misuse of alcohol and other illicit drugs, poor communication between parents and children and between sex partners, and unbalanced messages from the mass media. Establishing a new social norm of healthy sexual behavior should be the basis for long-term prevention of the consequences of high-risk sexual behavior.

### Teen Pregnancy

The problems associated with unintended pregnancy are multiple, and the consequences are well documented: reduced educational attainment, fewer employment opportunities, increased likelihood of welfare dependency, and poorer health and developmental outcomes. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their non-pregnant counterparts. Infants born to teenage mothers, especially mothers

under age 15, are more likely to suffer from low birth weight, neonatal mortality, and sudden infant death syndrome. They may also be at greater risk of child abuse, neglect, and behavioral and educational problems.

Giving birth to a second child while still a teen further increases these risks. The prevention of second and higher order births to very young women is of great interest to public health. Research has shown that such births are associated with physical and mental health problems for the mother and the child. For teen mothers on welfare, a subsequent birth during adolescence reduces the likelihood of getting off public assistance. Nationally, data indicate that in the two years following the first birth, teen mothers have a second birth at about the same rate as other mothers. In 1995, nearly one in every five births to teen mothers was a birth of second order or higher.

### Sexually Transmitted Diseases

Among the top ten most frequently reported diseases in 1995 in the United States, five are sexually transmitted diseases (STDs). Despite the burden, costs, and preventable nature of STDs and their complications, STDs remain a

**Table 1. Sexual Behavior Indicators**

	Lancaster Recent	Lancaster Objective 2010	Nebraska Recent	Nebraska Objective 2010	National Recent	National Objective 2010
Percent of adolescents abstaining from sexual intercourse	63.2 <sup>1</sup>	75.0	53.3 <sup>2</sup>	--	51.6 <sup>3</sup>	75.0 <sup>4</sup>
Adolescent births (15–17 years of age) per 1,000 population	25.2 <sup>5</sup>	19.0	20.5 <sup>6</sup>	--	30.4 <sup>7</sup>	--
Percent of second pregnancies among unwed adolescents (<20 years of age)	21.8 <sup>5</sup>	15.0	17.2 <sup>8</sup>	--	--	--
Incidence of AIDS per 100,000 population	3.3 <sup>9</sup>	3.0	3.6 <sup>10</sup>	--	27.8 <sup>11</sup>	--
Incidence of gonorrhea (15–24 years of age) per 100,000 population	340.6 <sup>9</sup>	280.0	325.2 <sup>12</sup>	--	555.6 <sup>13</sup>	--
Incidence of herpes simplex-2 per 100,000 population	99.8 <sup>9</sup>	60.0	60.3 <sup>14</sup>	--	--	--
Incidence of chlamydia (15–24 years of age) per 100,000 population	889.3 <sup>9</sup>	650.0	912.7 <sup>12</sup>	--	974.3 <sup>13</sup>	--

largely ignored health problem by the American public, policymakers, and public health and health care professionals. STDs are “hidden epidemics” of tremendous health and economic consequence in the United States. They are hidden from public view because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social factors associated with these diseases. STDs represent a growing threat to the nation’s health.

The better-known STDs that may cause mild initial illnesses are only part

of a very large public health problem. These organisms also cause many other harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. STDs are common, costly, and preventable.

Each year an estimated 15 million Americans are infected with a STD, including 3 million teenagers. Conservatively, the direct and indirect costs of the principal STDs and their complications, including sexually transmitted HIV infection, are estimated at \$17 billion annually.

## Current Status and Trends

### Teen Pregnancy

Nationally, progress toward reducing adolescent pregnancy from a baseline of 71.1 per 1,000 (in 15-year-old to 17-year-old females) to a level of 50 per 1,000 remains distant. In 1992, there were 72.9 pregnancies per 1,000. In Lancaster County, the teen pregnancy rate among females aged 15–19 years increased from 29 per 1000 population in 1990 to 33 per 1000 population in 1997.

In 1992 the Lincoln–Lancaster County Health Department implemented a High Risk Prenatal Program in which pregnant teens aged 15–19 are enrolled for Public Health nursing visits. Only 7% of these at-risk teens have been enrolled for a subsequent pregnancy. In the general population of Lancaster County, the percentage of mothers 15–19 years of age who had one previous birth is much higher at 15.9%.

Progress toward postponement of adolescent sexual intercourse between 1990 and 1995 was mixed. Although fewer 15-year-old males and females and fewer 17-year-old males had engaged in sexual intercourse, the proportion of 17-year-old females who had sexual intercourse increased slightly.

For adolescents overall, data from the National Survey of Family Growth (NSFG) indicate that the proportion of females aged 15–19 who have ever had sexual intercourse dropped from 55% in 1990 to 50% in 1995.

The proportions of both adolescent males and females reporting sexual intercourse during the previous three months have declined at the national level. In 1997, 47.2% of surveyed Lancaster County 11th and 12th graders reported abstaining from sexual intercourse, which is an increase from 40.5% in 1991.

Contraceptive use by sexually active adolescents is increasing. The proportion of sexually active unmarried females aged 15–19 who used contraception at first intercourse rose from the 1988 baseline of 63% to 77% in 1995. Dual use of oral contraceptives and condoms during recent intercourse by females rose from the very low level of 2% in 1988 to 8% in 1995. In Lancaster County 56% of sexually active adolescents, 15–19 years of age, reported using condoms. This reflects no change from the 55.7% reporting condom use in 1991.

### Sexually Transmitted Diseases

Significant progress has been made toward reducing the burden of the common bacterial STDs in the United States, such as gonorrhea, syphilis, and congenital syphilis – diseases for which national control programs have existed for the longest period. Encouraging data are emerging from a new and expanding chlamydia prevention program, suggesting that chlamydia screening is reducing disease burden and preventing complications. Nevertheless, STD complications continue to take a heavy toll on women's health and health care costs.

Viral STDs continue to present challenges for prevention and control. Women now account for 20% of all AIDS cases in the United States, with young minority women (who also incur a disproportionate share of other STDs) incurring a disproportionate share of heterosexually transmitted HIV infection. Results of a recent nationally representative study show that genital herpes infection is extremely common in the United States. Nationwide, 45 million people aged 12 and older, or one out of five of the total adolescent and adult population, are infected with HSV-2.

In 1997, chlamydia was the most frequently reported communicable disease in the United States, with 527,268 cases reported. An estimated 4 million new chlamydia infections occur in the United States every year; 2.6 million are in women. Chlamydia is

extremely common in sexually active adolescents and young adults. The highest annual rates are reported among females aged 15–19. The incidence of chlamydia in Lancaster County for 1997 was 197.6 per 100,000 population. This is an increase from 167.6 per 100,000 population in 1990.

Since 1990 the U.S. gonorrhea rate has decreased by 56% (from 278.0 per 100,000 in 1990 to 122.7 in 1997). The 1997 rate is the lowest rate ever reported in the United States. The incidence of gonorrhea in Lancaster County for 1997 was 67.7 per 100,000 population. This is a decrease from 77.7 per 100,000 population in 1990.

Among women, 15-year-olds to 19-year-olds had the highest rate 19%, while among men, 20-year-olds to 24-year-olds had the highest rate 22%. Between 1990 and 1996, the gonorrhea rate among adolescents decreased by 49% (from 1,114.4 per 100,000 in 1990 to 570.8 in 1996). In 1997, 64% of all gonorrhea cases reported in Lancaster County were among persons aged 15–25.

Among men who have sex with men, gonorrhea trends may reflect changes in sexual behaviors that also influence risk for HIV infection. Data from the Gonococcal Isolate Surveillance Project (GISP) indicate that the number and proportion of men who have sex with men diagnosed with gonorrhea has increased in the STD clinics of several large cities located in the western United States.

### Health Disparities

The percentage of teen births that are White has gradually declined in recent years (1987–95), while the percentages of Asian, Hispanic, and Black teen births have gradually increased.

Some STD rates are disproportionate in some minority communities. For

example, AIDS cases in the African-American and Hispanic communities are at higher rates than their percentage of the population. In Nebraska, 26% of AIDS cases reported were among persons of color; in Lancaster County, 17% of AIDS cases were. The percent of

HIV infections reported in Nebraska among persons of color is 35% and in Lancaster County 24%.

Since 1990, gonorrhea rates have decreased for all racial and ethnic groups, and the large African American–White ratio has begun to decline. Over this period the African American to White ratio in reported gonorrhea rates has declined from 36:1 to 31:1. In 1997 gonorrhea rates for all racial and ethnic groups was below the Healthy People 2000 national target of 100 per 100,000 population except for African Americans. Among African Americans, the reported rate was 812. In Lancaster County, 24% of all reported gonorrhea cases in 1998 were among African

Americans, which is a decrease from 42% in 1996. Hispanics accounted for 5% of all reported Lancaster County gonorrhea cases in 1998, an increase from 4% in 1996.

Large race/ethnicity disparities still exist, especially among young people. In 1997, more than 3% (greater than 3000 per 100,000 population) of young African Americans (15–24) had gonorrhea. This compares to 130 per 100,000 for whites 15 to 19 years old and 104 per 100,000 for whites 20 to 24 years old. In 1998, young African Americans (aged 15–24) accounted for 19% of all reported gonorrhea cases in Lancaster County, while young Whites accounted for 29% of reported gonorrhea cases.

### Public Health Infrastructure

As Lancaster County's population continues to become more and more diverse, it will be critical that programs addressing sexual behavior and STDs be culturally competent and multilingual. In addition, services must be easily accessible by people of all racial, cultural, and ethnic backgrounds.

To ensure timely reporting of sexually transmitted diseases, current reporting methods need to be updated to take advantage of current and emerging technologies. Timely reporting can reduce further morbidity by early detection and treatment of new cases of STD.

### Recommendations

- ♦ Commit to funding a wide range of programs that are inclusive of all adolescents and that address sexual behavior and the consequences of such behavior.
- ♦ Make readily available and easily accessible services for the diagnosis, treatment, and followup of sexually transmitted diseases. The services should be culturally sensitive and minimize barriers to those at significantly high risk.
- ♦ Design and implement programs that will reduce the number of second pregnancies among at-risk adolescents in the community.

## Notes

Related discussion or indicators are located in the chapters on *Maternal and Child Health*, *Healthy Children*, and *Immunization and Communicable Disease*.

**Table 1**

- Currently no data source.
1. Lincoln–Lancaster County Health Department, Youth Risk Behavior Survey, 1997. Percentage responding that they have never had sexual intercourse.
  2. The Buffalo Beach Company, *The 1997 Youth Risk Behavior Survey: Summary Tables of Nebraska Data*, 1997.
  3. Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance – United States, 1997*, MMWR, volume 47 (SS-3), pp. 1–89.
  4. U.S. Dept. of Health and Human Services, Office of Public Health and Science, *Healthy People 2010 Objectives: Draft for Public Comment*, September 1998. National objective is to reduce to 25% the percentage of those 15 to 17 who have ever had sexual intercourse.
  5. Lincoln–Lancaster County Health Department, Vital Statistics, 1998.
  6. Nebraska Health and Human Services System, *Nebraska Vital Statistics Report*, 1998.
  7. Centers for Disease Control and Prevention, *National Vital Statistics Reports*, vol. 47, no. 25. Births and Deaths: Preliminary Data for 1998.
  8. Nebraska Health and Human Services System, 1998 data from the Nebraska Vital Statistics, provided by department staff.
  9. Lincoln–Lancaster County Health Department, *Morbidity and Mortality Report*, 1998.

10. Nebraska Health and Human Services System, *Nebraska HIV/AIDS/STD Prevention Community Planning: Epidemiological Profile*, 1999.
11. U.S. Dept. of Health and Human Services, Office of Public Health and Science, *Healthy People 2010 Objectives: Draft for Public Comment*, September 1998. 1996 data from the HIV/AIDS Surveillance System.
12. Nebraska Health and Human Services System, Public Health Assurance, Communicable Diseases Section, Sexually Transmitted Disease Program. 1998 data provided by program staff.
13. U.S. Department of Health and Human Services, Office of Public Health and Sciences, *Sexually Transmitted Diseases Surveillance*, 1998.
14. Nebraska Health and Human Services System, *Sexually Transmitted Diseases*, 1994–98.

**Narrative sources**

- U.S. Department of Health and Human Services Office of Public Health Science, *Healthy People 2010 Objectives: Draft for Public Comment*, 15 September 1998, Chapter 12: Maternal, Infant, and Child Health.
- U.S. Department of Health and Human Services Office of Public Health Science, *Healthy People 2010 Objectives: Draft for Public Comment*, 15 September 1998, Chapter 25: Sexually Transmitted Diseases.
- Lincoln–Lancaster County Health Department, "The Health of Infants Born to Teen Mothers," *Epi Info*, February 1997.